



Existing Food Establishment Checklist

Establishment Name: _____

Address: _____ City: _____

Attach proposed menu. Provide complete notes about how compliance was determined whenever applicable. Specifically describe the methods and results for any on-site reviews regarding hot water, water supply and sewage disposal systems. Document what equipment requires mechanical ventilation.

| ITEM | SAT | NOT APP. | **NEED MORE INFO. | COMMENTS |
|--|-----|----------|-------------------|----------|
| Food Flow (raw,RTE, Etc.) | | | | |
| Solid Waste Flow | | | | |
| Dish / Utensil Flow | | | | |
| Person In Charge (manager knowledge / certification) | | | | |
| SOP's (employee training, hygiene, cooling, etc.) | | | | |
| Bare Hand Contact Plan (not required to be reviewed prior to use) | | | | |
| Consumer Advisory | | | | |
| Thawing Practices | | | | |
| Cooking & Reheating Practices | | | | |
| Hot & Cold Holding Practices | | | | |
| Ice as Refrigerant | | | | |
| Time as a Public Health Control | | | | |
| Cooling PHF | | | | |
| Food Preparation | | | | |
| Self-Service (temperature, sneeze guards, monitoring, construction) | | | | |
| Work Space & Aisles | | | | |
| Raw Food Prep Area | | | | |
| Equipment (construction, installation, cleanability, clean-in-place, adequate #) | | | | |
| Countertops & Cutting Boards | | | | |
| Catering Operations | | | | |
| Cross-Connections | | | | |

| ITEM | SAT | NOT APP. | **NEED MORE INFO. | COMMENTS |
|---|-----|----------|-------------------|--|
| <p>Water Heaters Properly Sized</p> <p>To conduct an on-site hot water test, check initial hot water temperature, fill dishwashing sink and run dishmachine for several cycles once proper temperature is obtained. Run water in mop sink and handsinks. Check final water temperature. Verify that minimum required temperatures can be obtained before and after.</p> | | | | <p>Initial hot water temp: _____°F</p> <p>Final hot water temp: _____°F</p> <p>Water Heater:</p> <p>Make, model: _____</p> <p>BTU: _____</p> <p>KW: _____</p> <p>Gallons _____</p> <p>Storage: _____</p> |
| Hot Water Supplied to all Necessary Fixtures & Equipment | | | | |
| Laundry Facilities | | | | |
| Room Finishes | | | | |
| Water Supply Adequacy | | | | |
| Sewage Disposal Adequacy | | | | |
| Employee Rest Rooms | | | | |
| Dressing Rooms | | | | |
| Personal Item Storage | | | | |
| Soiled Dish Storage | | | | |
| Clean Dish Storage | | | | |
| Separate Toxic Storage | | | | |

